

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**BARRY HOFFMAN**

Mailing Address 3122 NORTH COUNTRY CLUB RD.

City	State	Zip Code
MUSKOGEE	OK	74403-2319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
VA

Occupation  
DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.970546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**B. Full Name (Last, First, Middle Initial)**

**MR. CHARLES STANLEY HOFFMAN**

Mailing Address 4900 TELEGRAPH ROAD, G. 53

City	State	Zip Code
VENTURA	CA	93003-8153

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.969560**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

**C. Full Name (Last, First, Middle Initial)**

**MRS. LOIS A. HOFFMANN**

Mailing Address 6358 W. RIVER POINTE DRIVE

City	State	Zip Code
FRANKLIN	WI	53132-8024

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.963674**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

85.00

**Subtotal Of Receipts This Page (optional)**.....

350.00

**Total This Period (last page this line number only)**.....